



## Perceived Influence of Bullying and Peer Pressure on Mental Health among Adolescents In Ekiti State Nigeria

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### Abstract

This study investigated the perceived influence of bullying and peer pressure on mental health among adolescents in Ekiti State. Two hundred and eighty-six (286) participants were randomly selected. In this study variables were measured with standardised instruments. Oregon Mental Health Referral Checklist (OMHRC) and The Multidimensional Peer Victimization Scale has 16 items, developed by Mynard and Joseph (2000). The index of peer relations (IPR, Hudson 1986) was used to assess the peer pressure of the study participants. Three hypotheses were formulated and tested, namely: (1) There will be significant influence of bullying on the mental health of adolescents. (2) There will be significant influence of peer pressure on mental health among adolescents. (3) There will be significant sex difference in mental health among adolescents. Results of data analysis shows that bullying ( $\beta = .027, t(284) = 1.18, p = 0.24 > .05$ ) and peer pressure ( $\beta = .068, t(284) = 0.13, p = 0.90 > .05$ ) This means that both do not significantly predict mental health of adolescents. Furthermore, it was found out that bullying and peer pressure do not significantly jointly predict mental health  $F(2,283) = 1.65, p = .19 > .01$ . Finally, it was found out that there is no significant sex difference in mental health  $t(284) = 1.215, p = .23 > .05$ . Although findings reveal that the three hypotheses were insignificant, However, it is recommended that Parents should discourage their wards from bullying and anti-bullying programmes will be of great advantage at schools and the society at large for adolescents. Future researchers should consider Longitudinal research.

**Keywords:** Influence, Bullying, Peer Pressure, Mental Health, Adolescents

### Introduction

There has been increased focus on mental health problems among adolescents. Mental health problems are often identified in schools. The mental health of

adolescents is important because adolescents require a balanced mental health in order to cope with the demands associated with adolescence. (UNICEF 2021), in research from the United Kingdom discovered that 21% of students aged 9–16 years were bullied which had resulted in one mental health issue or the other. Mental health problems are complex and require more than a single professional in isolation. Today's adolescents are expected to succeed in many areas, such as school, leisure time and other social settings. This may lead to stress, which could reflect the increased number of mental health problems among adolescents. Existing literature also suggest that peer pressure and bullying are among factors that may influence mental health. (Jadambaa A., Thomas H.J., Scott J.G., Graves N., Brain D., Pacella R 2019) reported that 36% of females and 24% of males experienced regular bullying victimisation.

Bullying could be physical, psychological or social, it is an action where there is imbalance of power between the intimidator and the victim, there are reiteration of negative actions against the victim. It is a situation where thoughtfully planned actions are skilfully carried out by the bully to cause hurt on the victim. Obviously, there is always organised abuse of power or authority. Bully can be carried out using different means, it could be verbal, through text messages, e-mail, social media or instant messages. In the opinion of (Nguyen H.T.L., Nakamura K., Seino K., Al-Sobaihi S, 2019) there is need for intrusions to address school bullying. Intentional Efforts should be put forward to incorporate the support of peers, which can function as a protective factor to promote psychological well-being of adolescents.

The impact of social influence of others is a continuing process, it cannot be overestimated. It can be seen as basis of individuals' socialization across life span. The interactions with significant others, especially during adolescents, help to create identity and build self-concept. Teenagers, because they want to be accepted by their peers, may willingly abandon many of the norms, values, attitudes, and behaviours learned previously from home, school and religion. There are different mechanisms of mutual influence process, and one of the most frequent mechanisms is youth peer pressure. These influences have consequences on mental health. Mental health conditions if left untreated can aggravate and result in major problems in an individual's life including poor performance in academic and difficulties in navigating through life. In extreme cases, it leads to suicide. The research by (Afolabi, (Afolabi, 2024) A., & Animashaun, O. F. (2024). Discovered six short-term psychological variables—anxiety and fear, anger and rage, humiliation and shame, sadness and loneliness, self-harm/harm to others, and school avoidance/absenteeism to significantly correlate with bullying. This study was undertaken to find out the



perceived influence of bullying and peer pressure on mental health among adolescents in Ado- Ekiti, Ekiti State.

### **Objective of the Study**

The main objective of this study is to examine the perceived influence of peer pressure and bullying on mental health among adolescents in Ekiti State.

Specifically, the study seeks to:

1. Find out if bullying and its dimensions predict mental health of adolescents.
2. assess the perceived influence of peer pressure on the mental health of adolescents
3. determine whether there is a difference between the mental health of male and female adolescents.

### **Research Hypotheses**

1. There will be significant influence of bullying on the mental health of adolescents in Ekiti state.
2. There will be significant influence of peer pressure on mental health among adolescents in Ekiti State.
3. There will be significant sex difference in mental health among adolescents in Ekiti.

### **Methods**

#### **Research Design**

The research design for this study is survey research incorporating the ex-post facto research design. The ex-post facto design was adopted because the independent variables were not subjected to any direct manipulation by the researchers.

#### **Research Participants**

The population for the study consisted of adolescents in Ado-Ekiti.

#### **Sampling Technique**

A sample of two hundred and eighty-six (286) adolescents was selected among the adolescents. For this purpose of this study, individuals within age range between 15-19 years old were selected, to ensure that the data collected are relevant, valid and directly linked to the phenomena under study.

### **Research Instruments**

Section A of the questionnaire consists of the bio data information of the respondents. Items such as sex, age and school type were measured in this section.

Three (3) instruments were used in the course of this study to measure the three (3) variables.

#### **Oregon Mental Health Referral Checklist (OMHRC) developed by Corcoran (1998).**

The dependent variable of the study was measured with the Oregon Mental Health Referral Checklist (OMHRC) developed by Corcoran (1998). The OMHRC is a 15-item checklist of specific mental health symptoms. The final item is the respondent's judgment of a need for a mental health referral. Total scores may be used to measure the magnitude of mental health problems, or individual items used to determine if a mental health referral is warranted. The OMHRC was developed with a panel of 15 administrators and providers from juvenile justice and mental health systems using the multidimensional scaling and cluster analytic procedures of concept mapping. The instrument has been tested on three samples: first-time offenders, adjudicated youth, and incarcerated offenders.

The youth self-report version was adopted for this study. Each version has three parallel forms in order to assess the mental health symptomatology over a period of one (1) month. It was printed and shared between juvenile justice and mental health agencies to establish a cumulative record over time.

**NORMS:** Each item on the OMHRC is designed to facilitate clinical decision making. From a sample of 146 adjudicated youths, those reporting they had seen a mental health professional for a personal problem had a mean and standard deviation of 5.4 and 3.1 on the 15-item prototype. Those who reported never having seen a mental health professional had a mean of 4.1 and a standard deviation of 3.4.

**SCORING:** Endorsement of any particular item may warrant a mental health referral depending on the severity of the symptoms presented. Items are organized in

descending order from those with the highest triage rating to the lowest. According to a panel of providers and administrators in mental health and juvenile justice. Total scores are the sum of the first 3 1 items which are endorsed. Scores range from zero to 31; higher scores reflect more symptoms.

**Reliability:** The internal consistency of the OMHRC was .72.

The interrater agreement between juvenile justice counsellors and parents was .48.

**Validity:** The validity of the OMHRC was estimated with concurrent validity procedures. Scores on the OMHRC correlated with previous mental health history and external symptomatology using the Child Behaviour Checklist. Total scores also differentiated youth with different mental health histories, which supports known-groups validity. The items of the OMHRC cluster around symptoms characteristic of youth in the juvenile justice and mental health systems, as determined by a panel of 15 administrators and providers. The ratings of the items by the panel were correlated with those of a child psychiatrist which yielded a satisfactory co-efficient of  $r = .95$ .

### **Multi-dimensional peer victimisation scale ( MPVS) by Mynard and Joseph (2000).**

Bullying was assessed using the multi-dimensional peer victimisation scale among the research participants. The MPVS is a 16 items scale developed by Mynard and Joseph (2000). It is a self-report measure designed to assess four types of peer victimisation (social victimization, attacks on property, verbal victimisation and physical victimization). The scale has good reliability and validity. (Internal reliability for each subscale; physical victimisation =0.85 verbal victimisation =0.75, social manipulation =0.77, property attacks =0. 78.

### **Index of Peer Relations (IPR, Hudson 1986)**

The index of peer relations (IPR, Hudson 1986) was used to assess the peer pressure of the study participants. The 25item inventory is designed to assess the extent, severity of the problem of interpersonal relationship. The scale is a 7-point scale with scores ranging from none of the time to all of the time. It has a reliability alpha of.94 and standard error of measurement of 4.44.

The adapted instruments revealed good reliability in the present study. This is clear indication that the cultural adaptation process maintained the psychometric quality of the tools.

## Variables

The independent variables are bullying and peer pressure while the dependent variable is mental health.

## Procedure for Data Collection

Respondents' intentions were duly sought and copies of questionnaire were distributed to them and their responses were scored for interpretation.

## Data Analysis

Data collected from this study were analysed based on the postulated hypotheses to be tested. Hypotheses 1 and 2 were analysed using linear regression while Hypothesis 3 was analysed using independent t-test statistics.

## Results

**Table 1: Regression Summary Table showing the Predictive influence of Peer Pressure, and Bullying on mental health among adolescents**

	Predictor Variables	$\beta$ (Beta)	t-value	p-value	Remark
Mental health	Bullying	0.027	1.18	0.24	Not Significant
	Peer pressure	0.068	0.13	0.90	Not Significant

Table 1: This is a simple linear regression, to examine the effect of bullying and peer pressure on the mental health of adolescents in Ado-Ekiti. The result revealed that bullying was not significant as predictors of mental health, ( $\beta= 0.027$ ,  $t(284) = 1.18$ ,  $p = 0.24 > .05$ ) Similarly, peer pressure also did not significantly predict mental health among adolescents in Ado-Ekiti ( $\beta= 0.068$ ,  $t(284)=0.13$ ,  $p = 0.90 > .05$ )

**Table 2 t-test Summary Table showing influence of sex on mental health**

	Sex	N	Mean	SD	Df	T	P
Mental Health	Female	161	59.59	13.92	284	1.215	>.05
	Male	125	56.89	16.30			

Table 2 revealed that there is no significant sex difference in mental health  $t(284)=1.215, p>.05$ . This means that male and female adolescents do not differ in their level of mental health.

## Discussion

The major objective of this study is to explore the perceived influence of bullying and peer pressure on mental health among adolescents in Ado-Ekiti, Ekiti State. Three hypotheses were tested in the study using independent t-test and regression. First hypothesis states that, there will be significant influence of bullying on the mental health of adolescents. The result shows that bullying does not significantly predicts mental health among adolescents. The result revealed that bullying was not significant as predictors of mental health, ( $\beta= 0.027, t(284) =1.18, p = 0.24>.05$ ) contrary to the findings in this study, Nalah, A. B., Aja, E. O., & Paramjit, S. J. S. (2024) found that bullying and substance use predict mental health. The finding in this study is inconsistent with previous study Ezeh, C. S. (2024), discovered that bullying predicts mental health. Omisola, E. T., Mosaku, S. K., & Fatunbi, A. M. (2023), the result of the disagree with this study, it revealed that bullying predicts psychological wellbeing. This is inconsistent with previous study Alhassan, A., Aminu-Maska, M., & Ibrahim, B. (2024) found, that there is significant relationship between bullying and psychological well-being of Senior Secondary School adolescents in North-west. This study does not also agree with previous discovery, Obosi, A. C., Fatunbi, A. M., & Oyinloye, O. (2022) revealed that bullying and substance use significantly, predicted mental health.

Hypothesis two states that, there will be significant influence of peer pressure on mental health among adolescents. Peer pressure did not significantly predict mental health among adolescents in Ado-Ekiti ( $\beta= 0.068, t(284)=0.13, p = 0.90 >.05$ ). The result shows that there is no significant influence of peer pressure on mental health of adolescents. Contrary to the findings in this study, Nalah, A. B., Aja, E. O., & Paramjit, S. J. S. (2024) found that peer pressure predicts mental health. This is inconsistent with previous research Ezeh, C. S. (2024), found that there is significant influence between peer pressure and mental health. This study disagrees with the previous finding, Omisola, E. T., Mosaku, S. K., & Fatunbi, A. M. (2023), discovered that peer pressure predicts psychological wellbeing. This is inconsistent with previous study Alhassan, A., Aminu-Maska, M., & Ibrahim, B. (2024) found, that there is significant relationship between peer pressure and psychological well-being of Senior Secondary School adolescents in North-west. This study does not also agree with previous discovery, Obosi, A. C., Fatunbi, A. M., & Oyinloye, O. (2022) revealed that peer pressure and substance use significantly, predicted mental health.

Interviews with some adolescents used in this study showed that many of them are product of single parenting, low socio-economic status, child abuse, sexual abuse.

The third hypothesis showed that there is no significant sex difference in mental health among adolescents. ( $t(284) = 1.215, p > .05$ ). The result of this study was supported by, Nalah, A. B., Aja, E. O., & Paramjit, S. J. S. (2024) found that sex did not predict mental health. Argued that there is no significant difference between Males and Females prevalence to adverse mental health. The finding in this study is consistent with previous study Ezeh, C. S. (2024), discovered that sex did not predicts mental health. In his study, he argued that females are not be influenced by hormonal changes in the body system. This is inconsistent with previous study Alhassan, A., Aminu-Maska, M., & Ibrahim, B. (2024) found, that there is significant relationship between male and female and psychological well-being of Senior Secondary School adolescents in North-west. This study is consistent with previous study, Obosi, A. C., Fatunbi, A. M., & Oyinloye, O. (2022) revealed that peer sex and substance use significantly, predicted mental health.

This study is limited to adolescents that are between the ages of 15 years to 19 years, in Ado – Ekiti, Ekiti state. This is to ensure that they understand the questionnaire and also provide answers as it applicable to them for the purpose of analysis and interpretation. The permission of the school authority was taken before the participants, took part in the study. Findings in the study cannot be generalized. Researches can be carried out in other parts of the country for proper comparism.

## Conclusion

The study investigates the perceived influence of bullying and peer pressure on mental health among adolescents. It was found out that;

- Bullying among adolescents adversely affect their mental health.
- Peer pressure from social networks and friends also affect adolescents' mental health.
- Poor mental health is prevalent among adolescents which is a terrible occurrence that need early intervention
- Peer-pressure and Bullying jointly contributes to poor mental health at early adolescent stage and if not taken care of might lead to social vices.

## Recommendation

This study did not find any significant difference in all the three hypotheses tested. However, parents have a significant role to play in the life of their wards especially during adolescent stage. It is hereby recommended that parent should show their wards love, by not indulging them, not closing their eyes to negative actions like bullying. Correction to any antisocial vices should be instant. Adolescence is a critical age keen monitoring is needed to reduce peer pressure in order to fight anything that may hamper mental health and ego. Government policies should also be formulated to reduce bullying. Future researchers should consider longitudinal study.

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